

JUL 11 2008

PTO/SB/97 (01-08)

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10/627902

AD6883USNA

Response to Final Office Action

Terminal Disclaimer

Declaration of Joel Citron and Lab Pages

Fee Transmittal

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PTO/SB/17 (10-07)

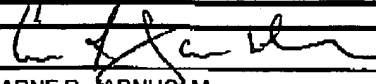
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/627902 Filing Date July 25, 2003 First Named Inventor ROGER MOONS Examiner Name Drew E. Becker Art Unit 1794 Attorney Docket No. AD6883USNA	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 210	105	0.00
Design	<input type="checkbox"/> 210	105	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 210	105	<input type="checkbox"/> 310	155	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 310	155	<input type="checkbox"/> 510	255	<input type="checkbox"/> 620	310	0.00
Provisional	<input type="checkbox"/> 210	105	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims						Multiple Dependent Claims	
- 20 or HP = $\frac{\text{Extra Claims}}{\text{Total Claims}} \times 50.00 =$						Fee (\$)	
HP = highest number of total claims paid for, if greater than 20.						Fee Paid (\$)	
Indep. Claims						Fee (\$)	
- 3 or HP = $\frac{\text{Extra Claims}}{\text{Indep. Claims}} \times 210.00 =$						Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.						YES <input type="checkbox"/> 370.00	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =		(round up to a whole number) x		260.00	0.00
4. OTHER FEE(S)							
<input type="checkbox"/> Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
<input checked="" type="checkbox"/> Other (e.g., late filing surcharge): Terminal Disclaimer						130.00	

SUBMITTED BY			
Signature 	Registration No. 30,396 (Attorney/Agent)	Telephone (302) 992-2394	
Name (Print/Type) ARNE R. JARNHOLM		Date 7-11-08	

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